

Name  
in  
Full

Mrs Eliza Brain Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Three Four
Occupation	Where Residing if not at place of death -		
Married, Single or Widowed	Name of Wife or Husband	Yates Barber	
Father's Name	James Henry Morgan		
Mother's Maiden Name	Eleanor Brain		
Name of person giving information	Jas. A. M. Barber MD		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemiplegia  
Cancer

66

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

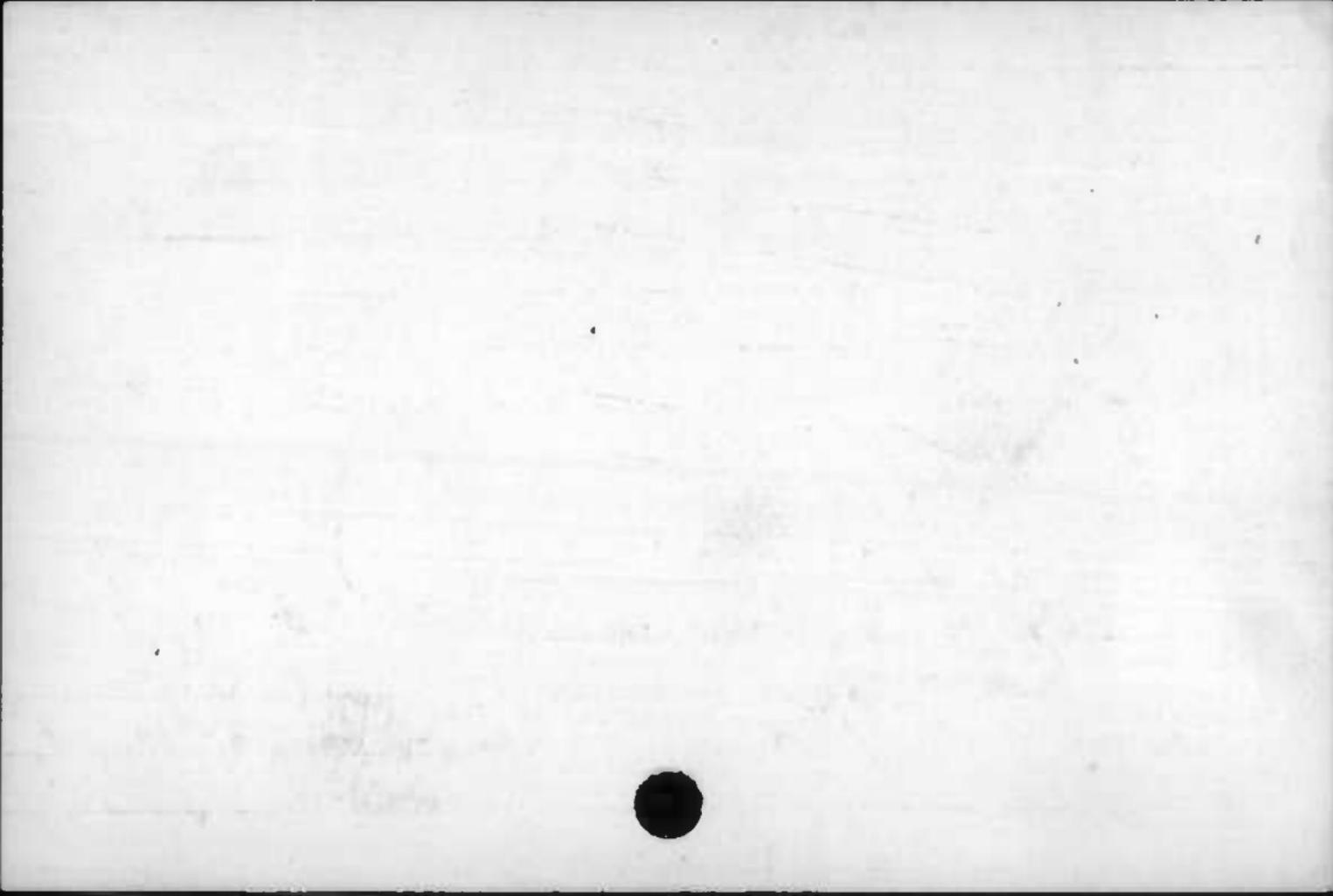
Address

How long

15 hours

Randy Laugh, M.D.,  
Newburg, Md.

Accident or Suicide?



Name  
in  
Full

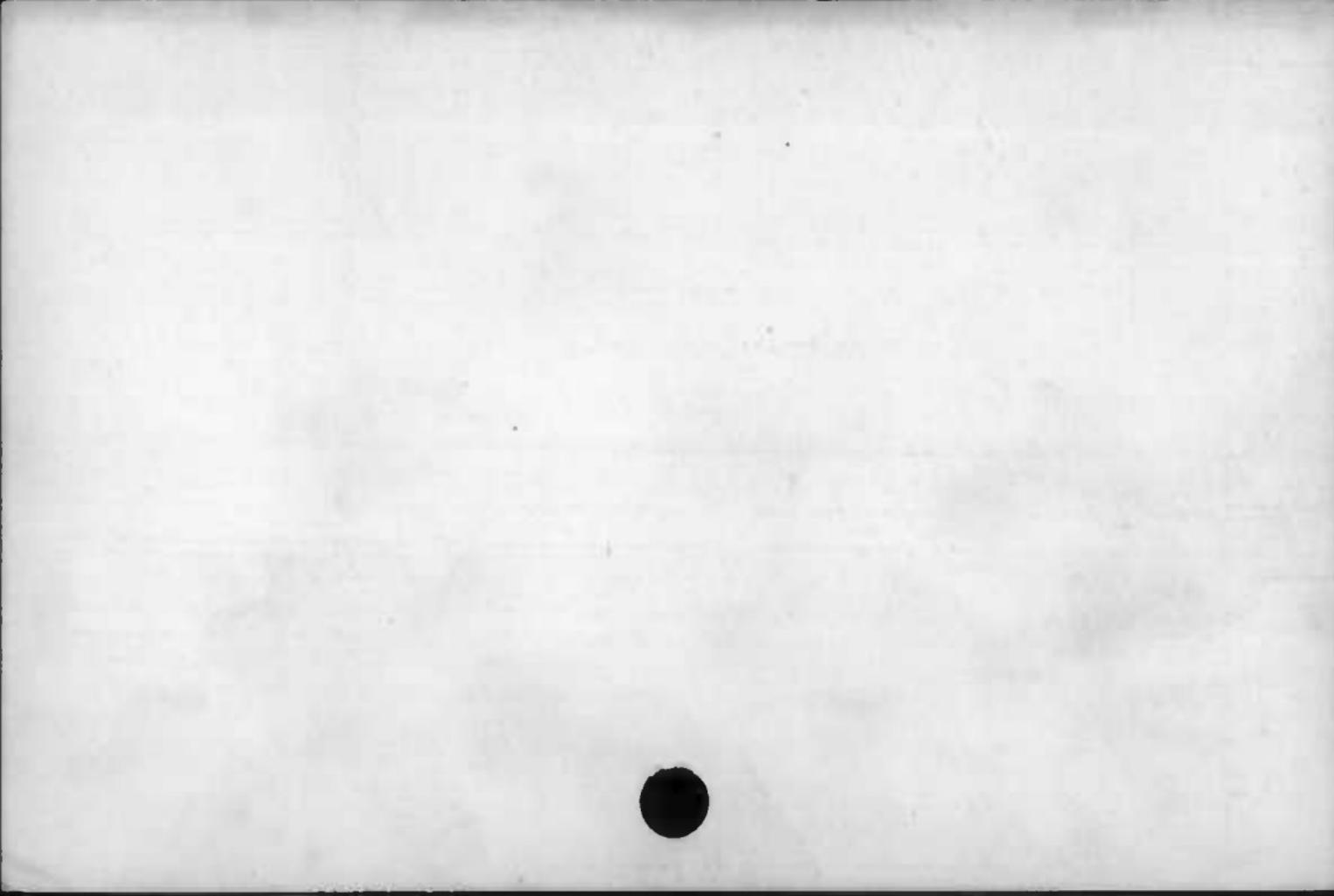
Barbara straw Brauson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Alfred Brauson	
Father's Name	Annie		Father's Birthplace
Mother's Maiden Name	Annie		Mother's Birthplace
Name of person giving information	Barbara Brauson		How related to deceased
CAUSES OF DEATH			
Primary	64		
Immediate	9 day		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Mitchell M.D.
		Address	Pooleckey Md.
Accident or Suicide?	No		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909 May 14

Age 63

Sex Female

Color or  
Race

Black

Birth-  
place

Charles Co.

Occupation

Where Residing if not  
at place of death

House Work

Newport, Md.

Married, Single  
or WidowedName of Wife or  
Husband

Widow James H. Bush

Father's  
Name

John H. Bush

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Nancy Brether

Mother's  
Birthplace

Md.

Name of person giving  
Information

John W. Bush

How related  
to deceased

Son

## CAUSES OF DEATH

178

How long

30 min.

Primary

Heart Failure

How long

30 min.

Immediate

Heart Failure

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

Yes

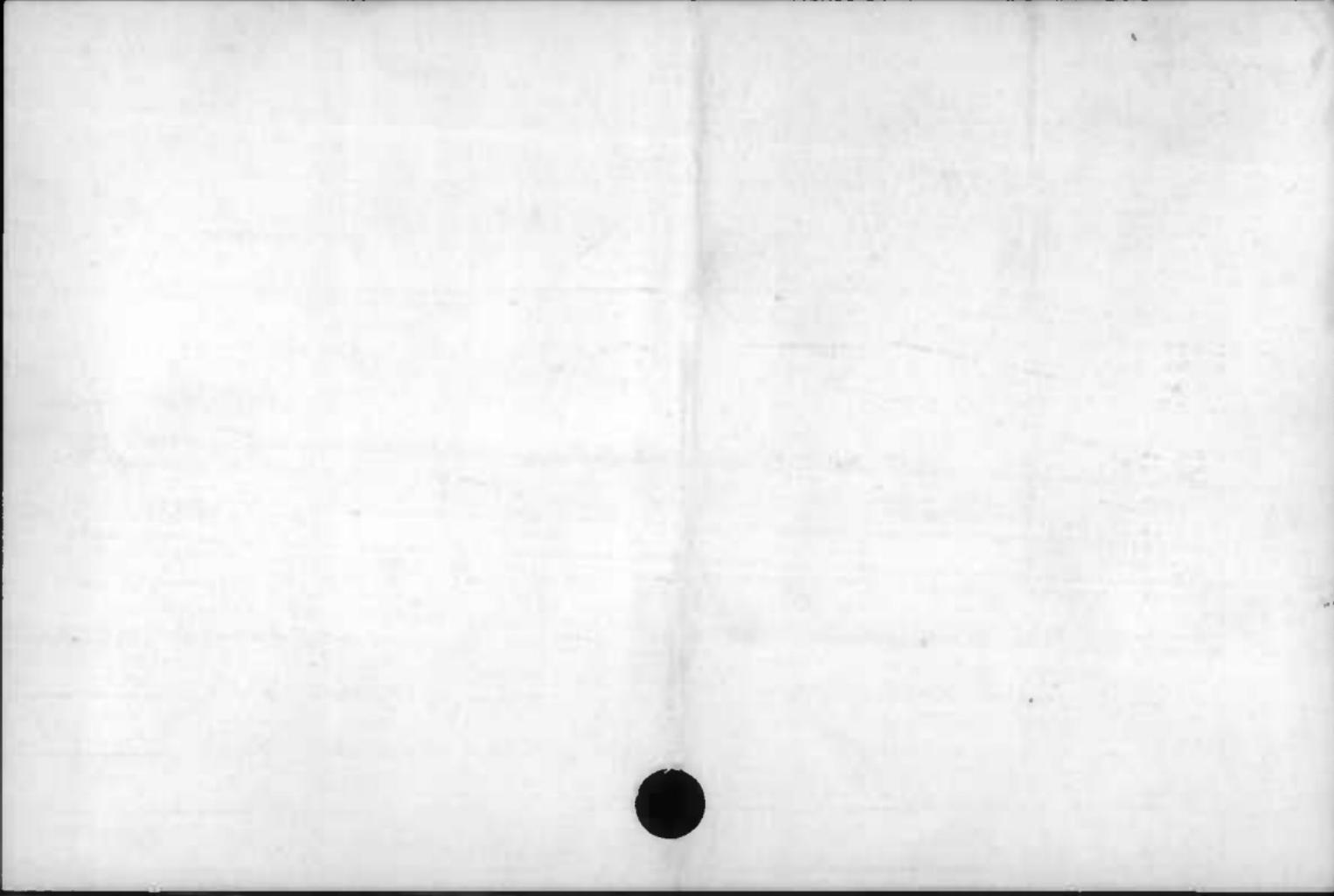
Signature of  
Physician

Address

F.E. Johnson M.D.  
Newport, Md.

Accident or Suicide?

Sudden death.



Name  
in  
Full

Dominick Chapman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

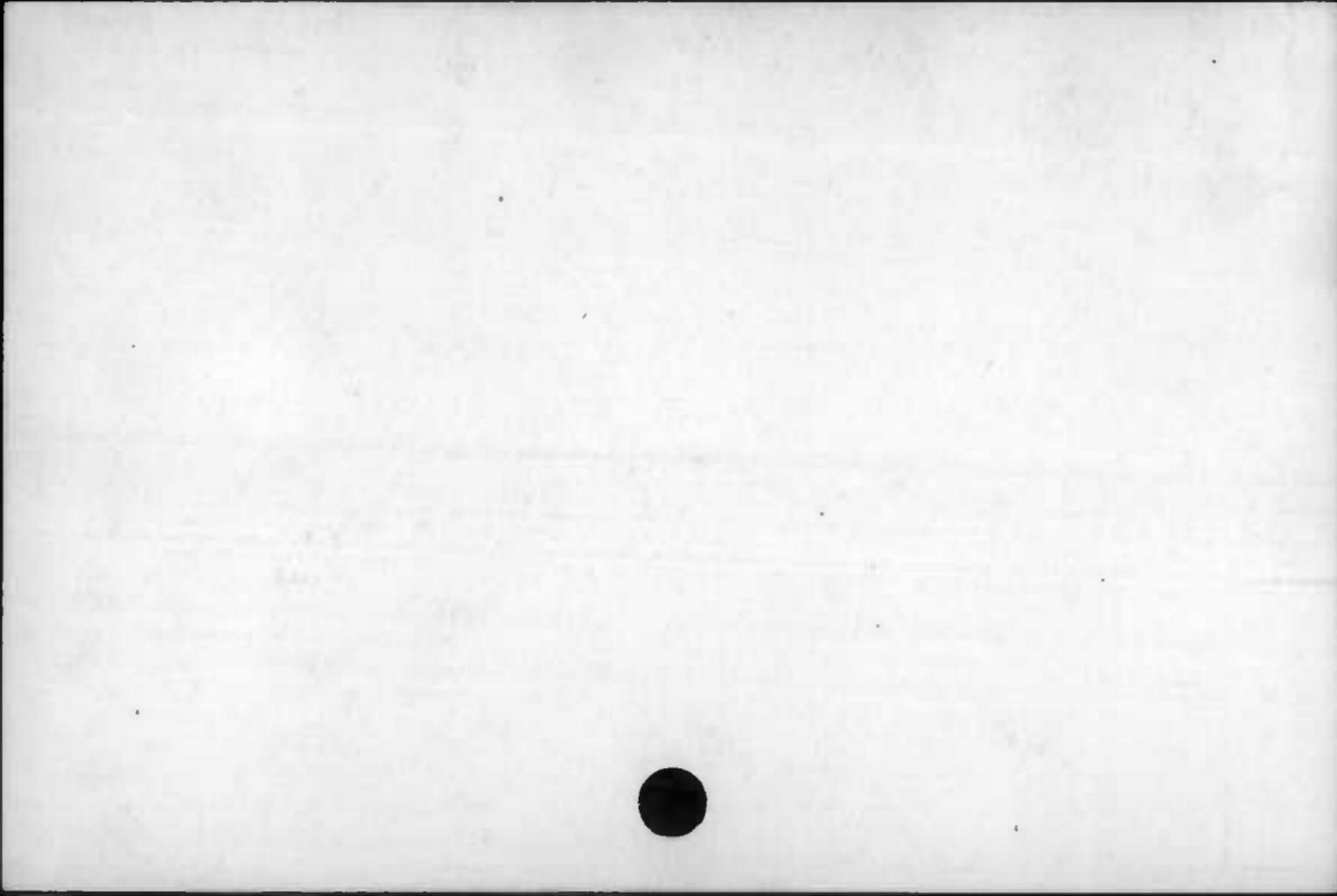
Died at		Town	County		MARYLAND		
Date of death	1909	Month May	Day 4	Years 29	Months	Days	
Sex	Male	Color or Race	Colored				
Occupation	Farmer						Where Residing if not at place of death
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Washington Chapman		Father's Birthplace		Calvert Co., Md.		
Mother's Maiden Name	Amelia Henson		Mother's Birthplace				
Name of person giving information	Walter Chapman		How related to deceased		Brother		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1½ yrs.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Geo. C. Bricknell, M.D.	
		Address	Risale, Md.	
Accident or Suicide?				



Name  
in  
Full

Lee Clements

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Near Bolton

Town

County

Date  
of death

1909

Month

May

Day

28

Years

Age 23

Months

—

MARYLAND

Days

Sex

male

Color or  
Race

White

Birth-  
place

md

Occupation

Farmer

Where Residing if not  
at place of death

At home

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

G. B. Clements

Father's  
Birthplace

md

Mother's  
Maiden Name

Rosalie Vernon

Mother's  
Birthplace

md

Name of person giving  
Information

Frank Madley

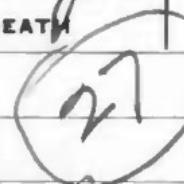
How related  
to deceased

None

CAUSES OF DEATH

Primary

Tuberculosis



How long

About a year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

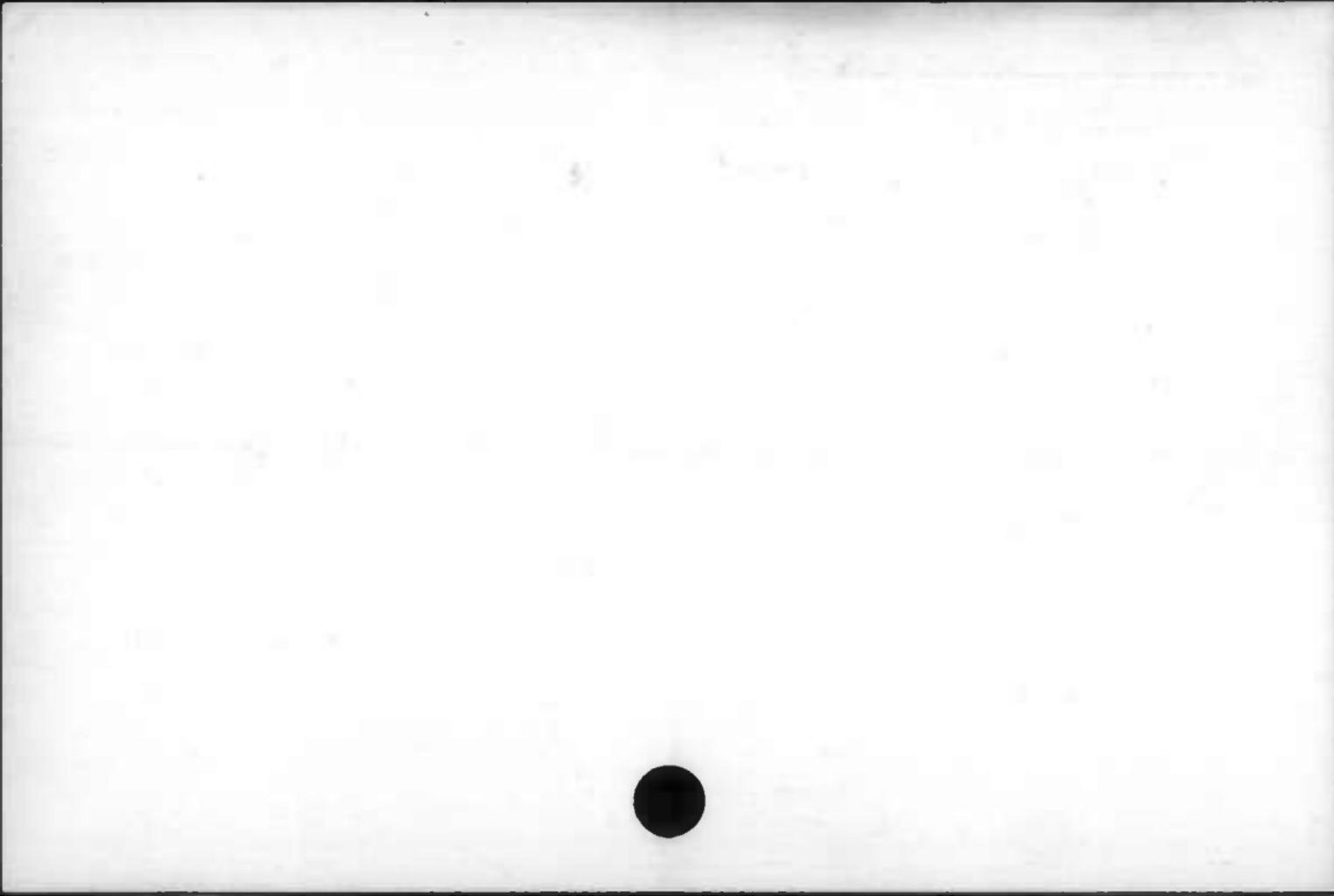
Address

G. O. Monroe

Waldorf Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Cordelia Laversay

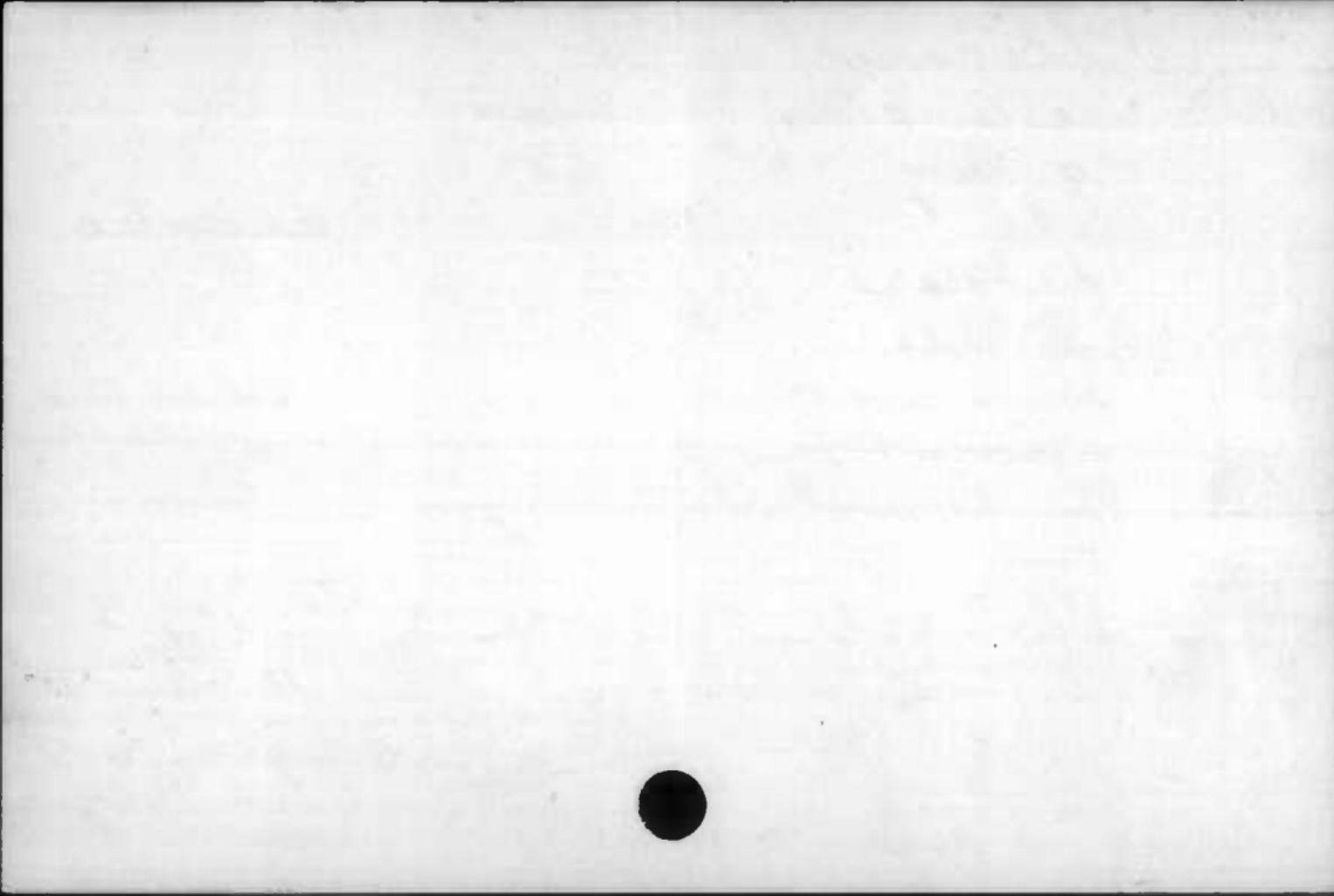
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Deutschville	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	May	6	18	"	-
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas H Laversay			Father's Birthplace	Md.
Mother's Maiden Name	Catharine E Lucy			Mother's Birthplace	Md.
Name of person giving information	Thos Laversay			How related to deceased	Father

CAUSES OF DEATH

Primary	Cannanization		How long	9 mo.
Immediate	Starvation		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. C. Chapman	
j.		Address	Steubenville Md.	
PHYSICIAN OR CORONER				
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# William Davis

## CERTIFICATE OF DEATH

MARYLAND

Died at Mc Leanches bkos

Town

County

Date of death 1909 May 1<sup>st</sup>

Month

Day

Years

Months

Days

Age 65

Color or  
Race

White

Birth-  
place

bkos 60

Sex Male

Occupation Labour

Where Residing If not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Thomas Davis

Father's  
Birthplace

bkos 60

Mother's  
Maiden Name

do not know

Mother's  
Birthplace

do not know

Name of person giving  
Information

Samuel H. Robey

How related  
to deceased

Mosie

### CAUSES OF DEATH

Primary

Stomache Trouble

**103**

How long

5 yrs

Immediate

Heart failure

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

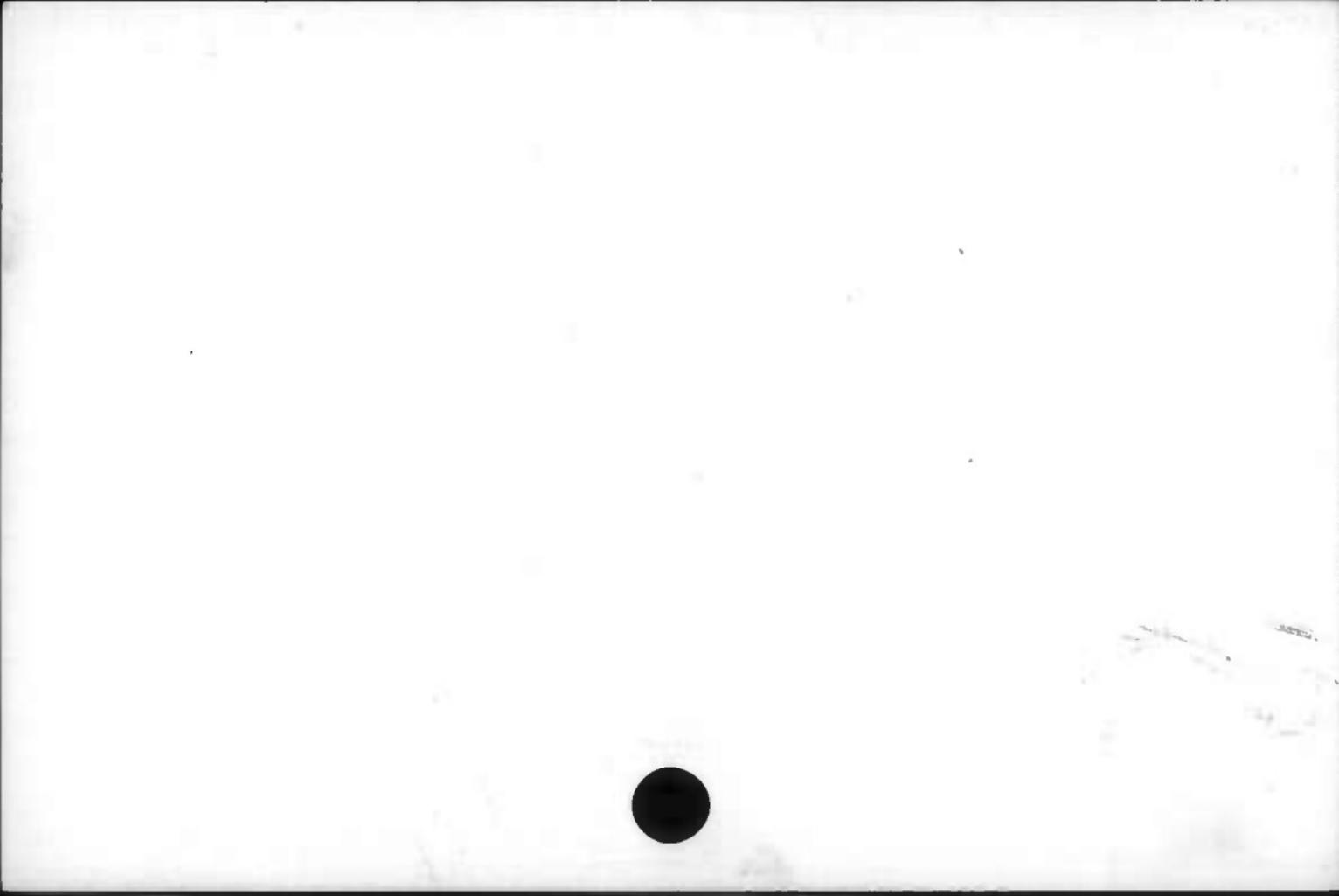
Signature of  
Physician

Address

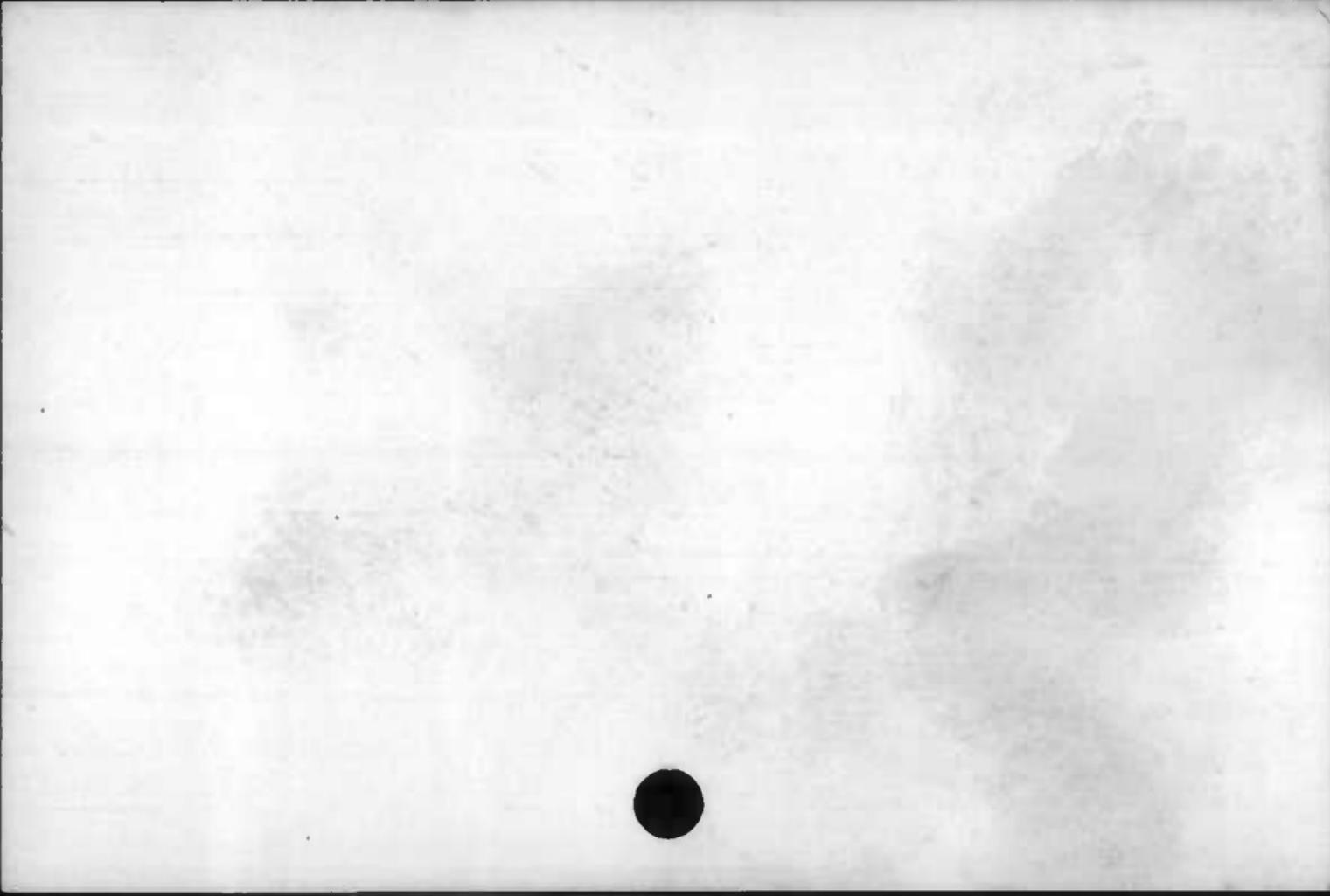
no doctor in attendance  
P. H. Hampton Cox  
Sub Reg.

Accident or Suicide

No







Name  
in  
Full

William Dyson

CERTIFICATE OF DEATH

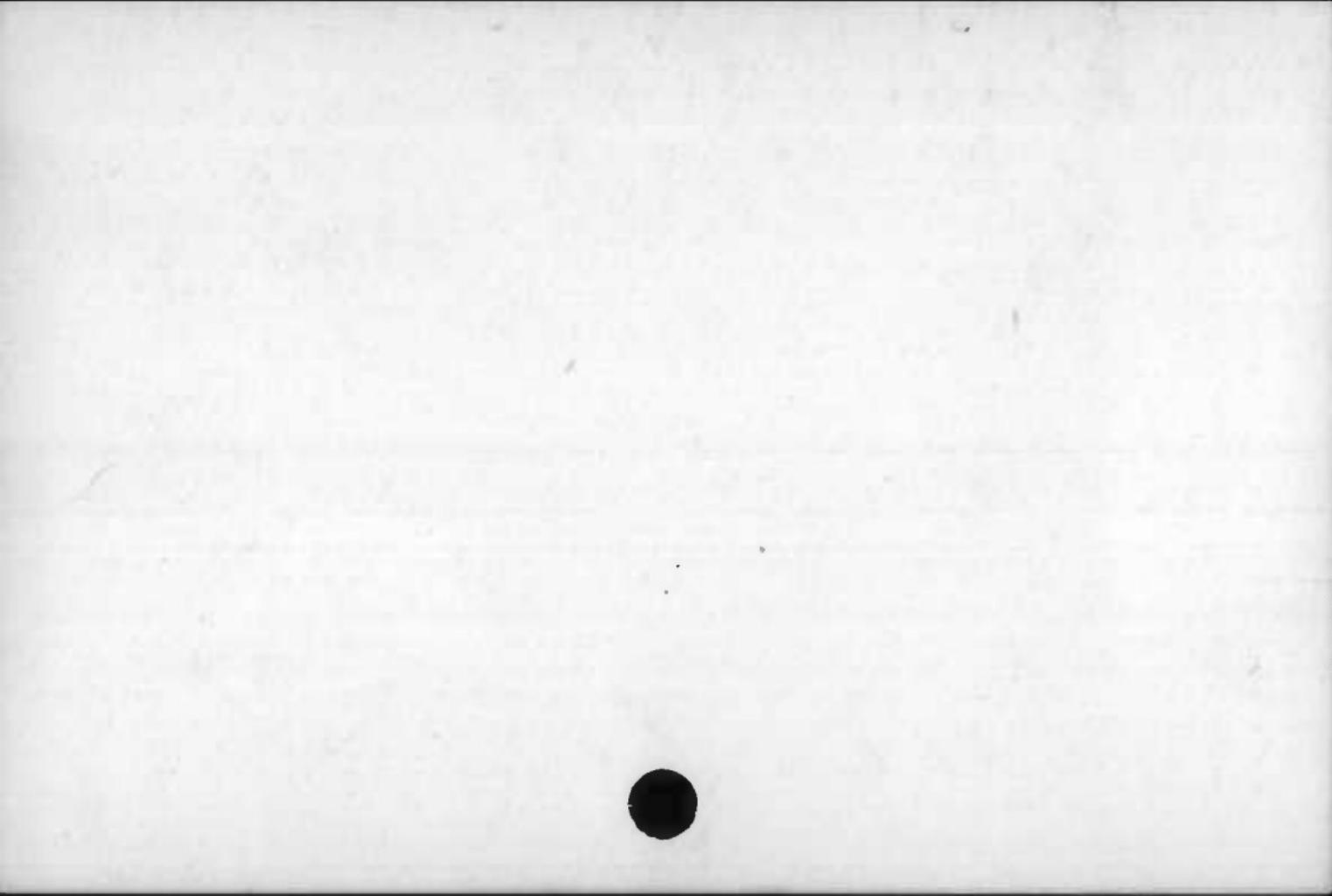
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Pisgah	Charles	
Date of death	Month	Day	Years
1909	May	18	Age _____
Sex	Male	Color or Race	collard
Occupation	None	Where Residing if not at place of death	Chas. Co Md.
Married, Single or Widowed	Single	Name of Wife or Husband	none
Father's Name	Joseph Dyson	Father's Birthplace	Chas. Co Md.
Mother's Maiden Name	Mary F. Greer	Mother's Birthplace	Chas. Co Md.
Name of person giving information	Joseph Dyson	How related to deceased	Father

CAUSES OF DEATH

Primary	Unknown	179	How long
Immediate	Unknown	Unknown	"
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long	
No Physician attending	Address	C. S. Carpenter Sub Reg.	
Accident or Suicide?		Pisgah Md.	

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Garrison

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Baltimore	Town	Chesapeake	County	+ MARYLAND		
Date of death	1907	Month	26	Day	Years	Months	
Sex	Male	Color or Race	Colored	Age	98	Days	
Occupation	Laborer					Birthplace	
Where Residing if not at place of death	At Home						
Married, Single or Widowed	Widower	Name of Wife or Husband	Bellie Ann Garrison				
Father's Name	Bell Garrison					Father's Birthplace	Died
Mother's Maiden Name	Julia Thompson					Mother's Birthplace	Died
Name of person giving Information	George Garrison					How related to deceased	Son

CAUSES OF DEATH

154

How long

How long

PHYSICIAN  
OR CORONER

Primary  
Old Age

Immediate  
Heart Failure

12 days

Are the name, age, sex, color, date and place correctly given above?

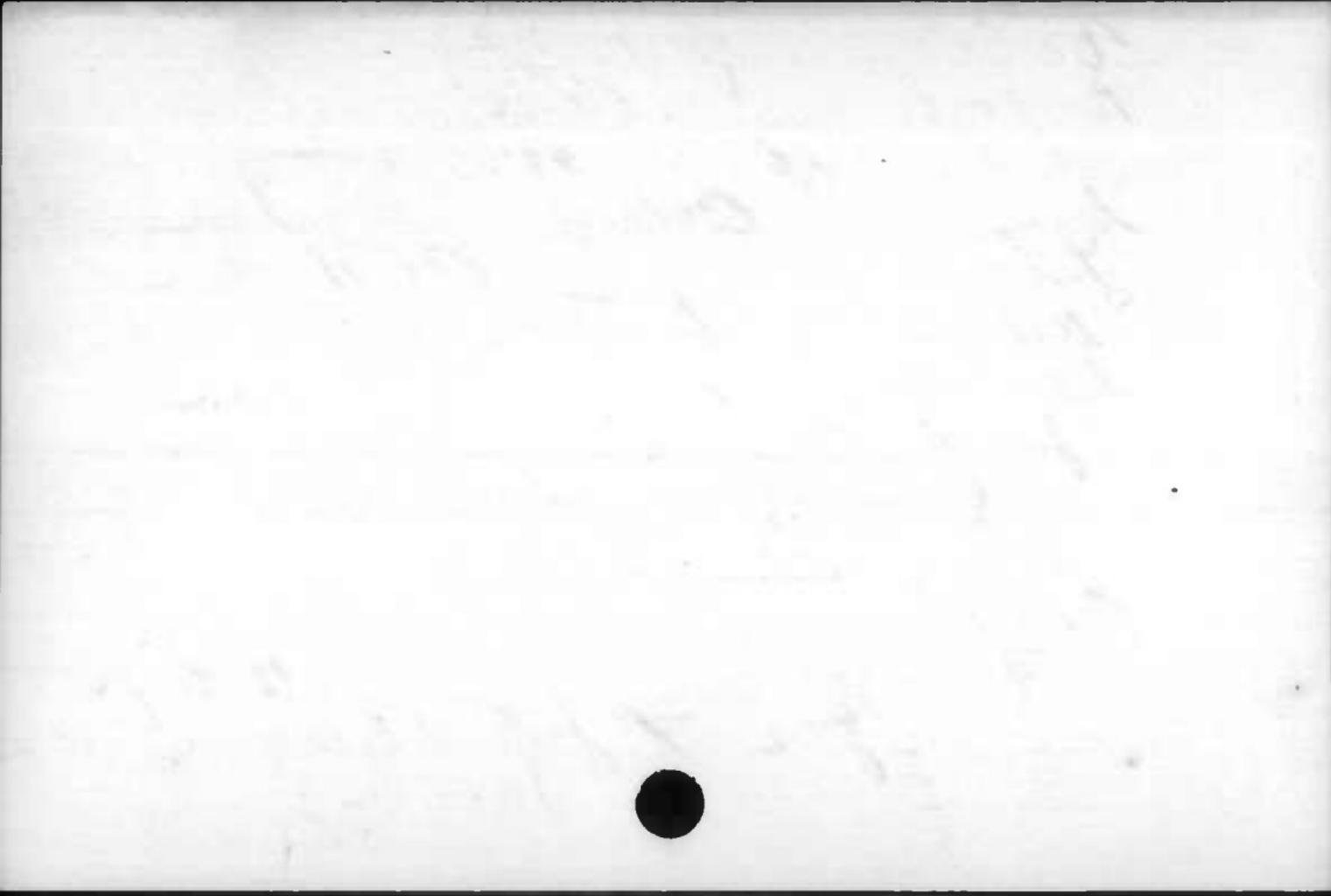
Signature of Physician

Address

John P. Marshall

Sub Reg

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph Leo Gross

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Rockville	Charles			
Date of death	Month	Day	Years	Months	Days
1909	May	19	—	3	—
Sex	Male	Color or Race	Blonde	Birth- place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Walcock Gross		Father's Birthplace		
Mother's Maiden Name	Ida Mack		Mother's Birthplace		
Name of person giving Information	Ida Mack		How related to deceased		

CAUSES OF DEATH

04

How long

24 hrs

7 hrs

Primary

Acute Indigestion

Immediate

Over of wine

How long

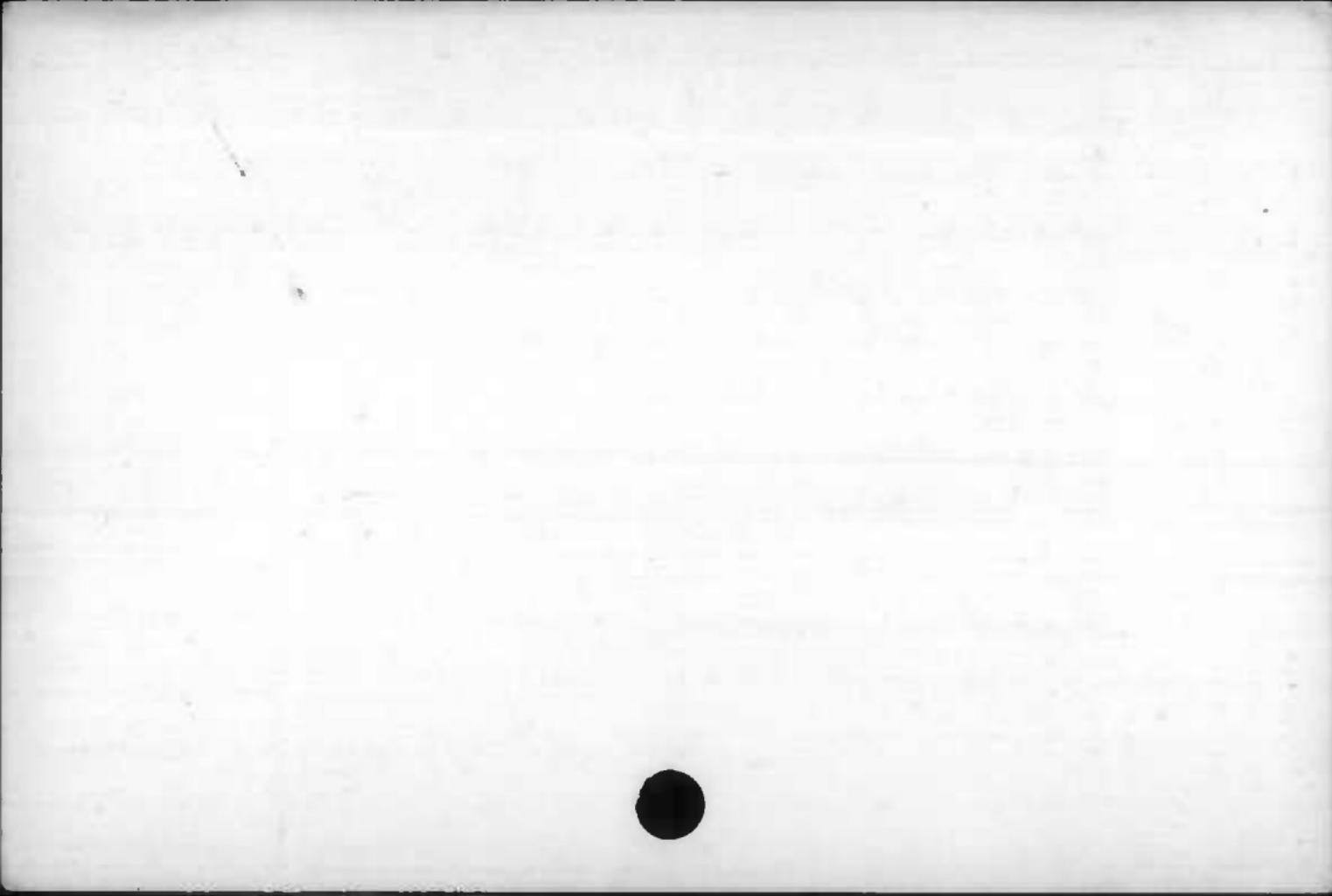
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Theobald Oppenheimer  
Highmore Md

Address

Accident or Suicide?



Name  
in  
Full

Rose Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at La Plata Month May Day 25 County Charles  
Date of death 1909 Age 58 Month — Deys —  
Sex Female Color or Race Colored Birth-place Charles  
Occupation Housewife Where Residing if not  
et place of death  
Married, Single or Widowed married Name of Wife or Husband Jack Johnson  
Father's Name William Butler Father's Birthplace Charles  
Mother's Maiden Name Don't know Mother's Birthplace —  
Name of person giving Information William Shiley How related to deceased Son in Law

CAUSES OF DEATH

Primary

Heart disease

79

How long

2 yrs

Immediate

Exhaustion

How long

2 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

No doctor in attendance  
R. Hampton Cott.  
La Plata Md.  
Cath Reg.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# Harriet Medley

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	72			
Occupation	Lady	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Husband	At home				
Father's Name	George Harris	Oscar Medley					
Mother's Maiden Name	Not Known						
Name of person giving information	Frank Medley						

## CAUSES OF DEATH

Primary

Cerebritis

60

How long

Ten days

Immediate

Exhaustion

Short

Are the name, age, sex, color, date and place correctly given above?

Yes

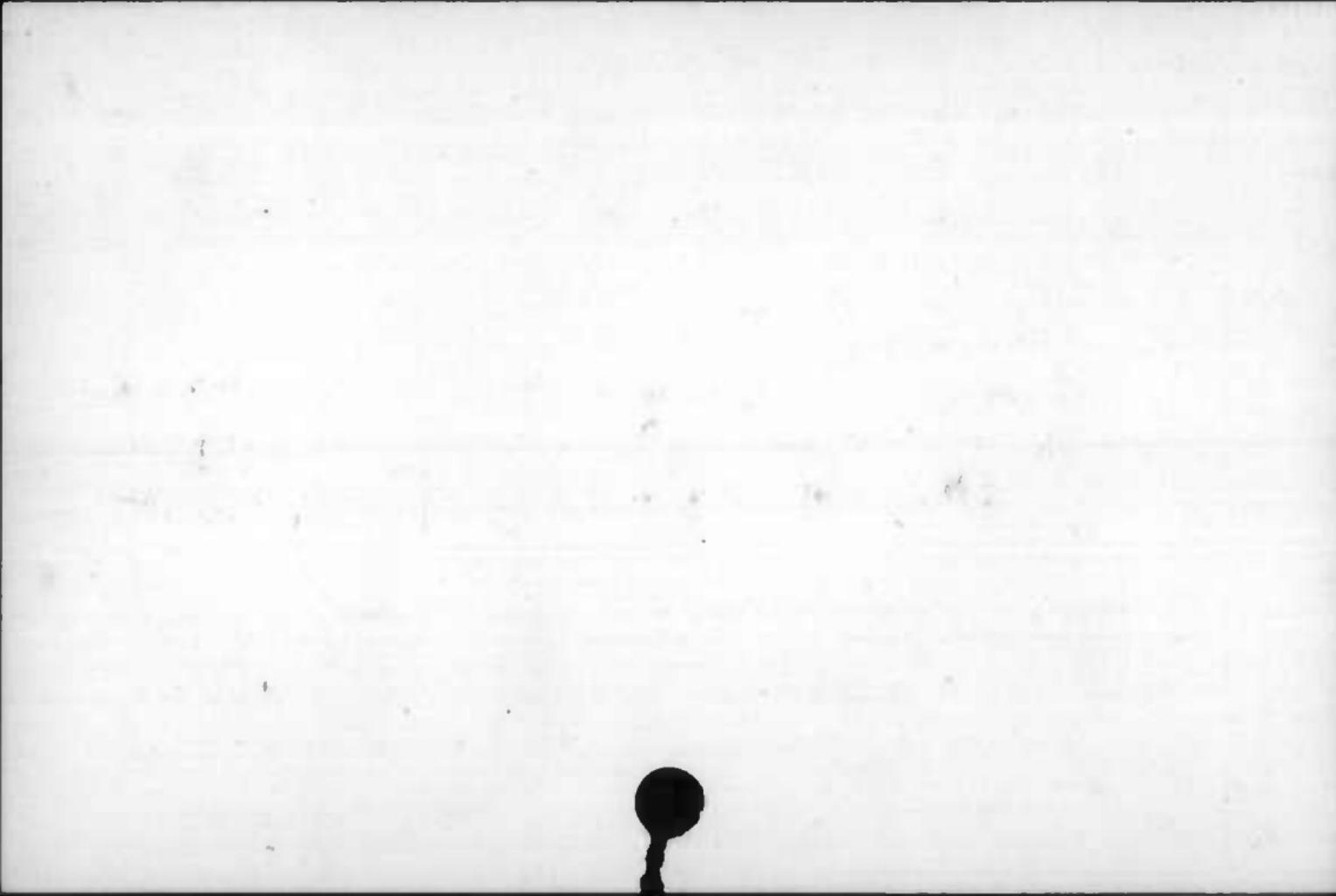
Signature of Physician

Address

G.O. Monroe

Waldorf Md

Accident or Suicide?



Name  
in  
Full

Frederick Masacua Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND	
Died at	Poway	Death	
Date of death	Month	Day	Years
1909	May	11	Age 82
Sex	Color or Race	Birth-place	
Male	White	Owasco, Co. Ind.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Married	Mary A. Herold		
Father's Name	Father's Birthplace		
Frederick Nelson	Owasco, Co. Ind.		
Mother's Maiden Name	Mother's Birthplace		
Lucy Hoselip	Owasco, Co. Ind.		
Name of person giving information	How related to deceased		
Mary A. Nelson	wife		

CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary

Chronic Cystitis

How long

Six years

Immediate

Impression of urine No one 6 days -

How long

Are the name, age, sex, color, date and place correctly given above?

yes

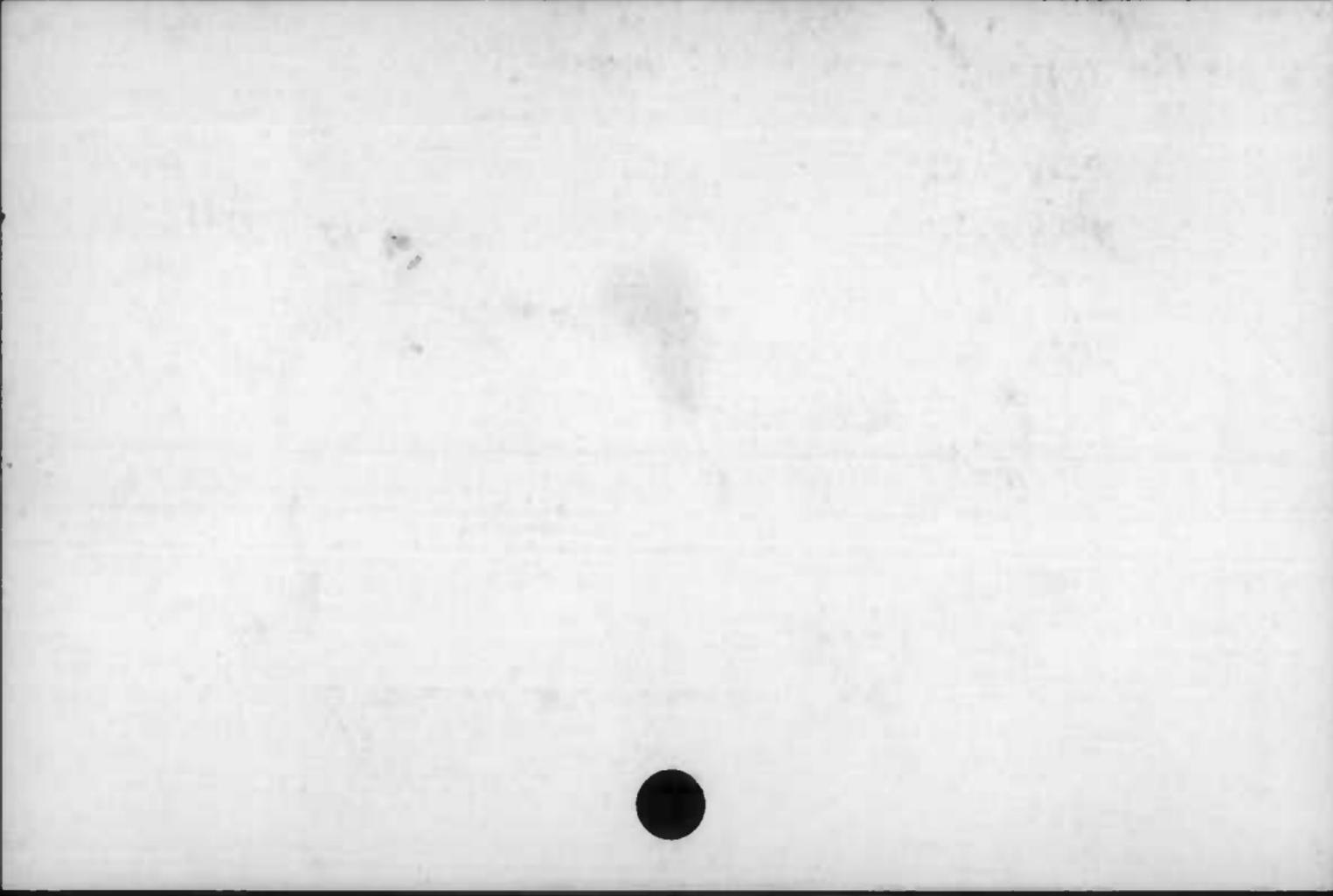
Signature of Physician

Address

J. W. Mitchell M.D.  
Poway, Cal.

Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		George Shankle		CERTIFICATE OF DEATH	
Died at	Town	Portsmouth		County	State
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth- place	Unknown
Occupation	Laborer				
Where Residing if not at place of death	At Home				
Married, Single or Widowed	Married	Name of Wife or Husband	Martha	Birthplace	Unknown
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	John Thomas				
CAUSES OF DEATH					
Primary	Fits				
Immediate	Heart trouble				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Address		
Yes			John Marshall Sub Reg		
Accident or Suicide?					

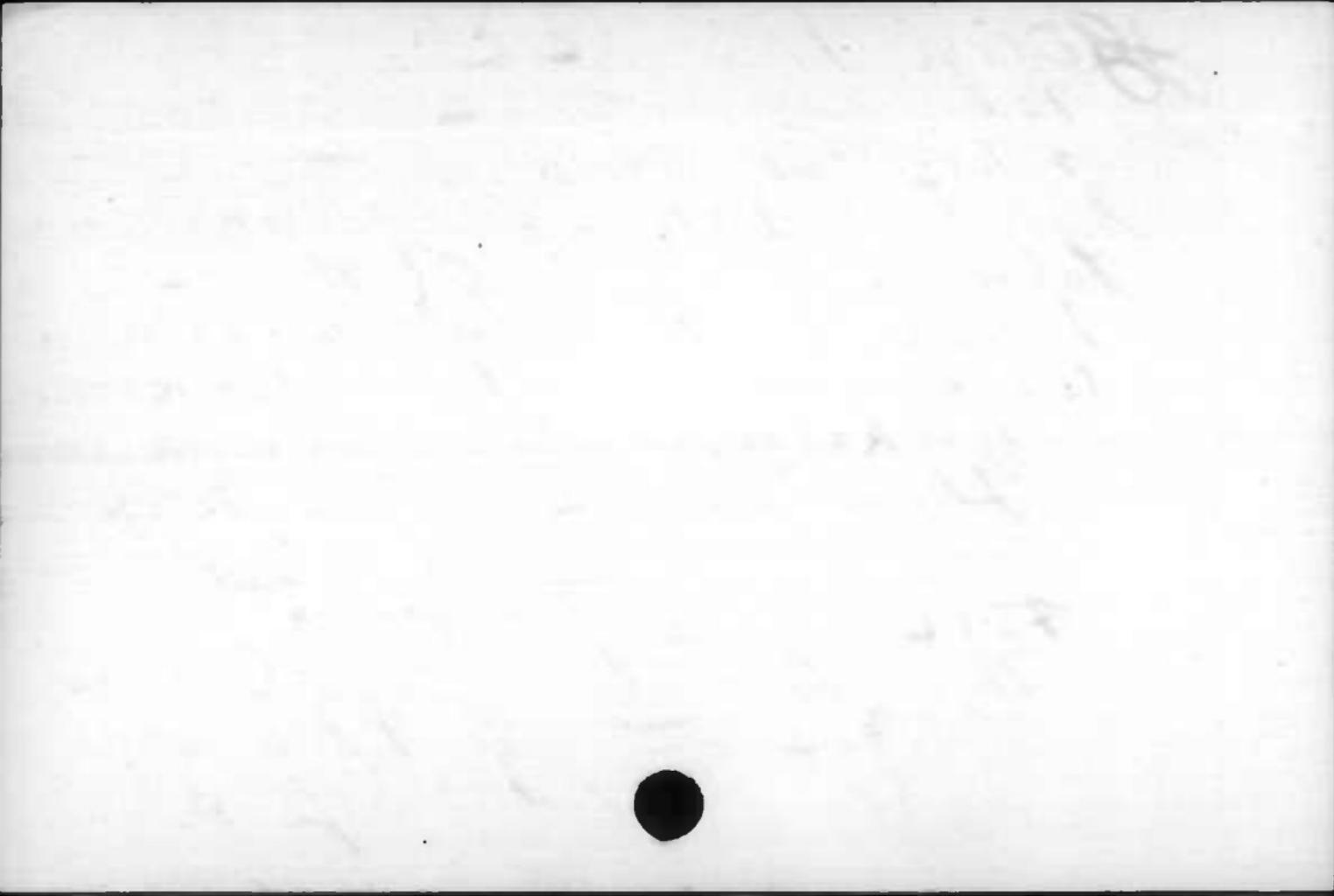
79

How long

3 years

How long

2 hours



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

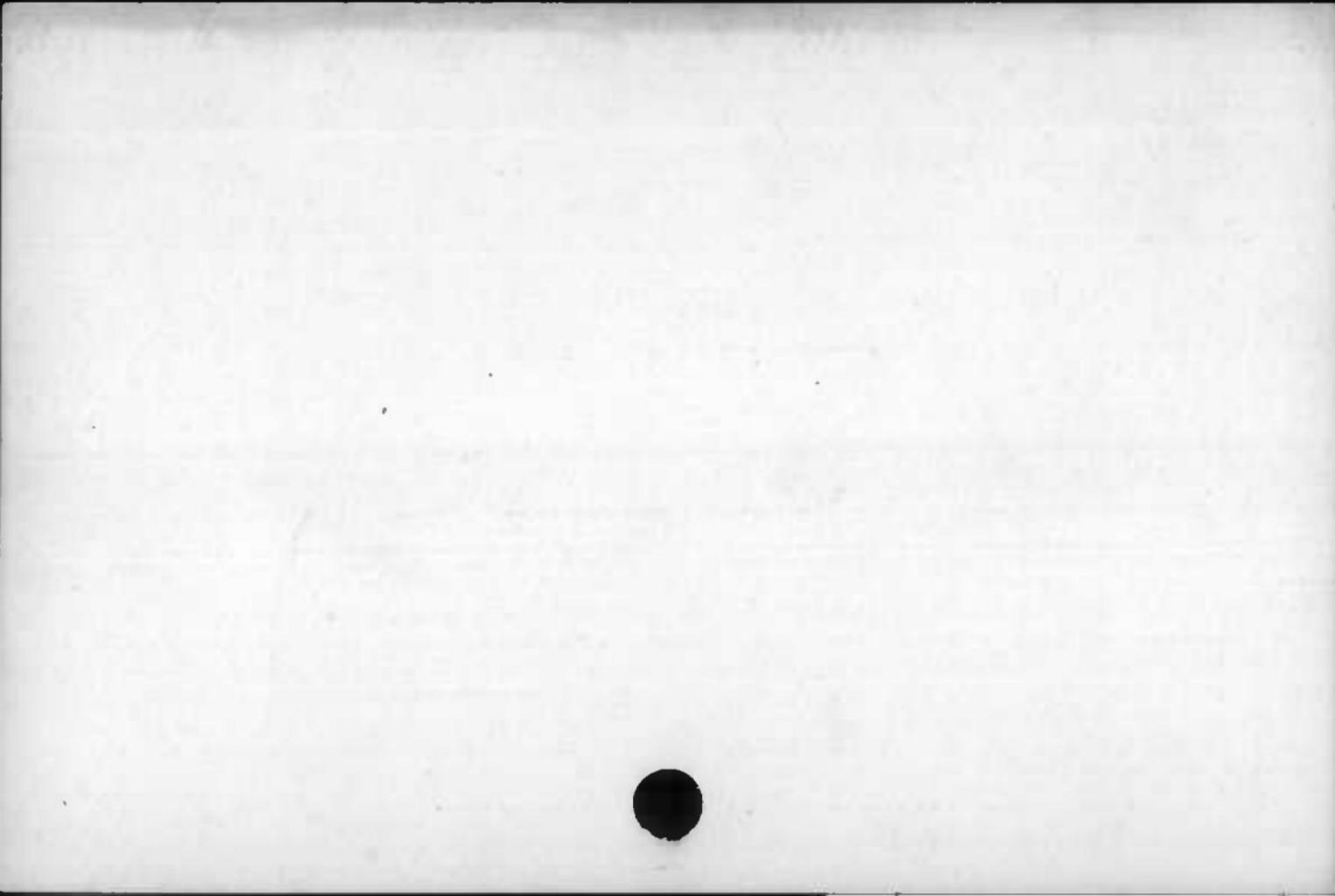
PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Bessie Simmons		Town	County		X	
Died at	Glucamayne		Charles			
Date of death	1909	Month May	Day 24	Age 1	Years	Months 5 Days
Sex	Female	Color or Race	Colored	Birth-place Charles Co. Md.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Thorntan Simmons			Father's Birthplace	Charles Co. Md.	
Mother's Maiden Name	Lettie Penny			Mother's Birthplace	' "	
Name of person giving information	Thorntan Simmons			How related to deceased	Father.	
CAUSES OF DEATH						
Primary	Pertussis			8	How long 3 weeks.	
Immediate	Pneumonia				How long 1 week	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Geo. W. Becknell, M.D.	
				Address	Pisgah Md.	
Accident or Suicide?						



Name  
in  
Full

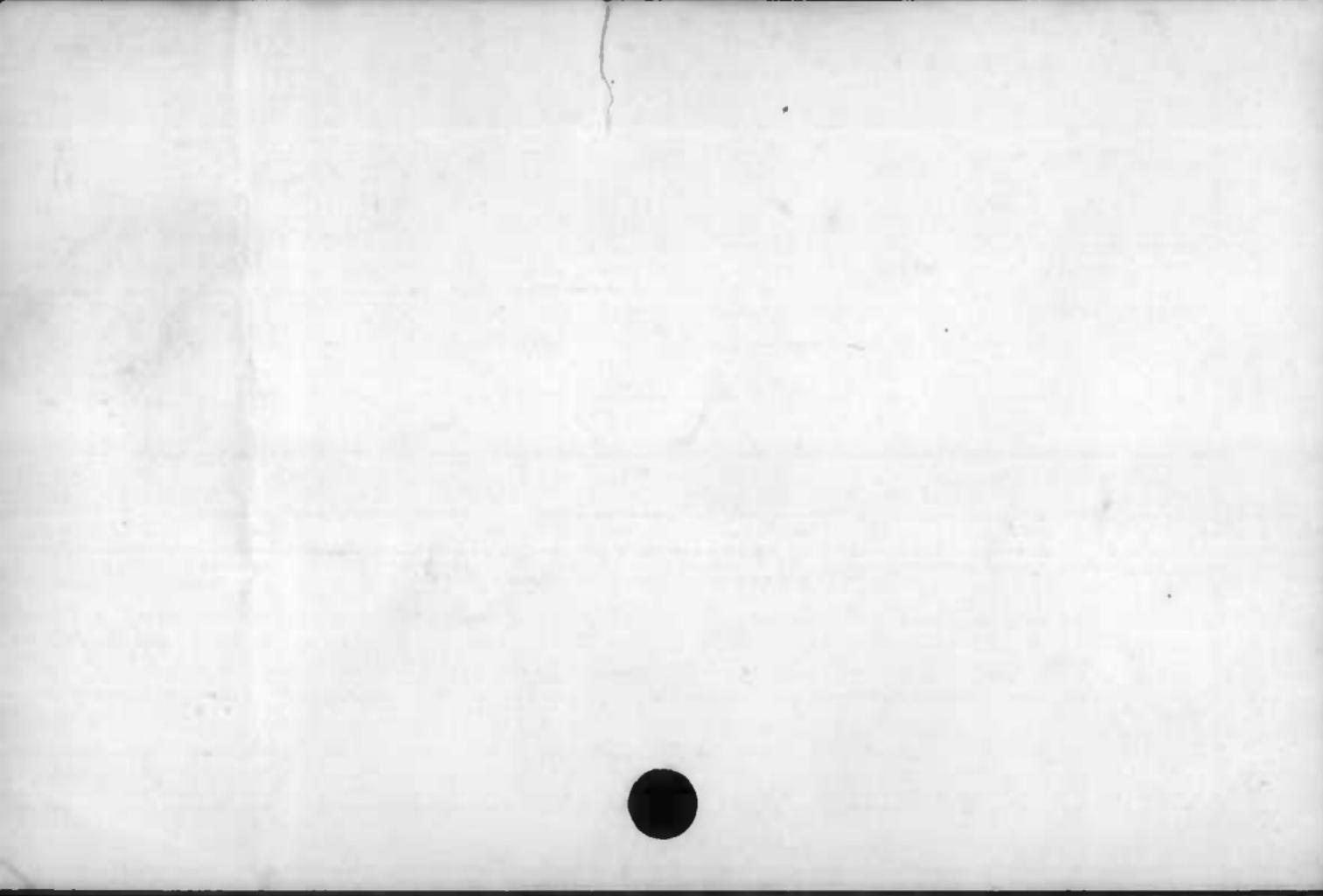
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaret Skinner						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	190	Month May	Day 16	Years 70	Months 8	Days 16	
Sex	Female	Color or Race	Colored		Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death			—	
Married, Single or Widowed	Widow		Name of Wife or Husband			Margaret Skinner	
Father's Name	Edward Skinner		Father's Birthplace			Mid	
Mother's Maiden Name	Rachael Skinner		Mother's Birthplace			Mid	
Name of person giving information	James Ford		How related to deceased			Son-in-Law	

CAUSES OF DEATH

Primary	Senility		(154)	How long	—
Immediate	Cerebral Hemorrhage			How long	3 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W. Morton	
			Address	Aquaasco Md.	
Accident or Suicide?					



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Speake.

Town

Died at Chicanusen

County

Charles

CERTIFICATE OF DEATH

MARYLAND

Date

of death

1909 May

Month

Day

27

Years

1

Months

7

Days

12

Sex

Female

Color or  
Race

American

Birth-  
place

Alas Co. Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

James Speake

Father's  
Birthplace

Charles Co. Md.

Mother's  
Maiden Name

Bulah J. Groves

Mother's  
Birthplace

Name of person giving  
Information

James Speake

How related  
to deceased

"Father"

CAUSES OF DEATH

Primary

Ac. Gastro Enteritis

105

How long

1 week

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

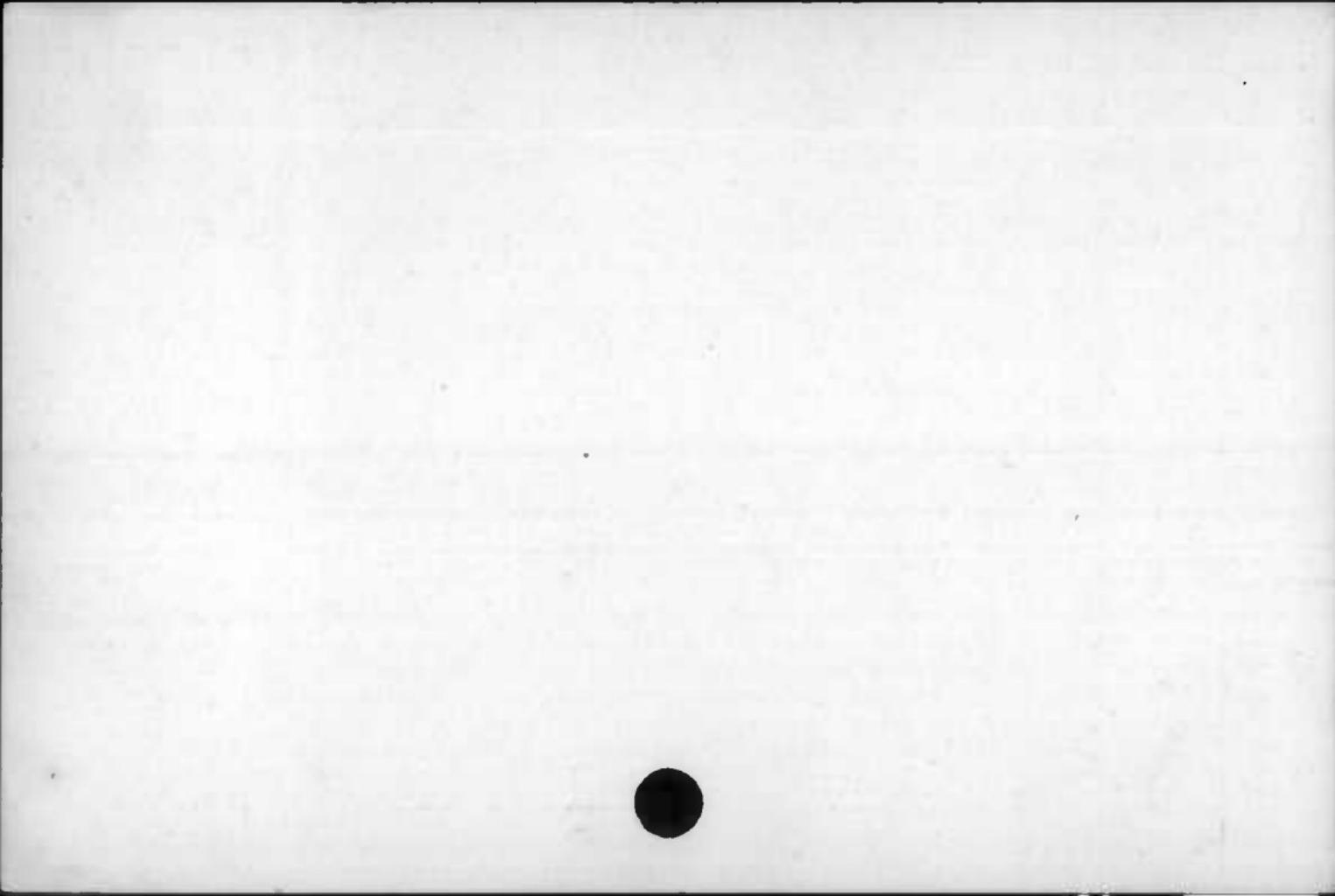
Address

Geo. C. Birknell,

Ridgely,

Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Grace H. Thomas

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1909 May 1<sup>st</sup> — 10 —

Female colored Charles Co.

none

single

William J. Thomas Charles Co.

Henrietta Marshall Charles Co.

William J. Thomas father

CAUSES OF DEATH

92

PHYSICIAN  
OR CORoner

Primary

Bronchial Pneumonia

How long

week

Immediate

Cardiac Exhaustion fail

How long

day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

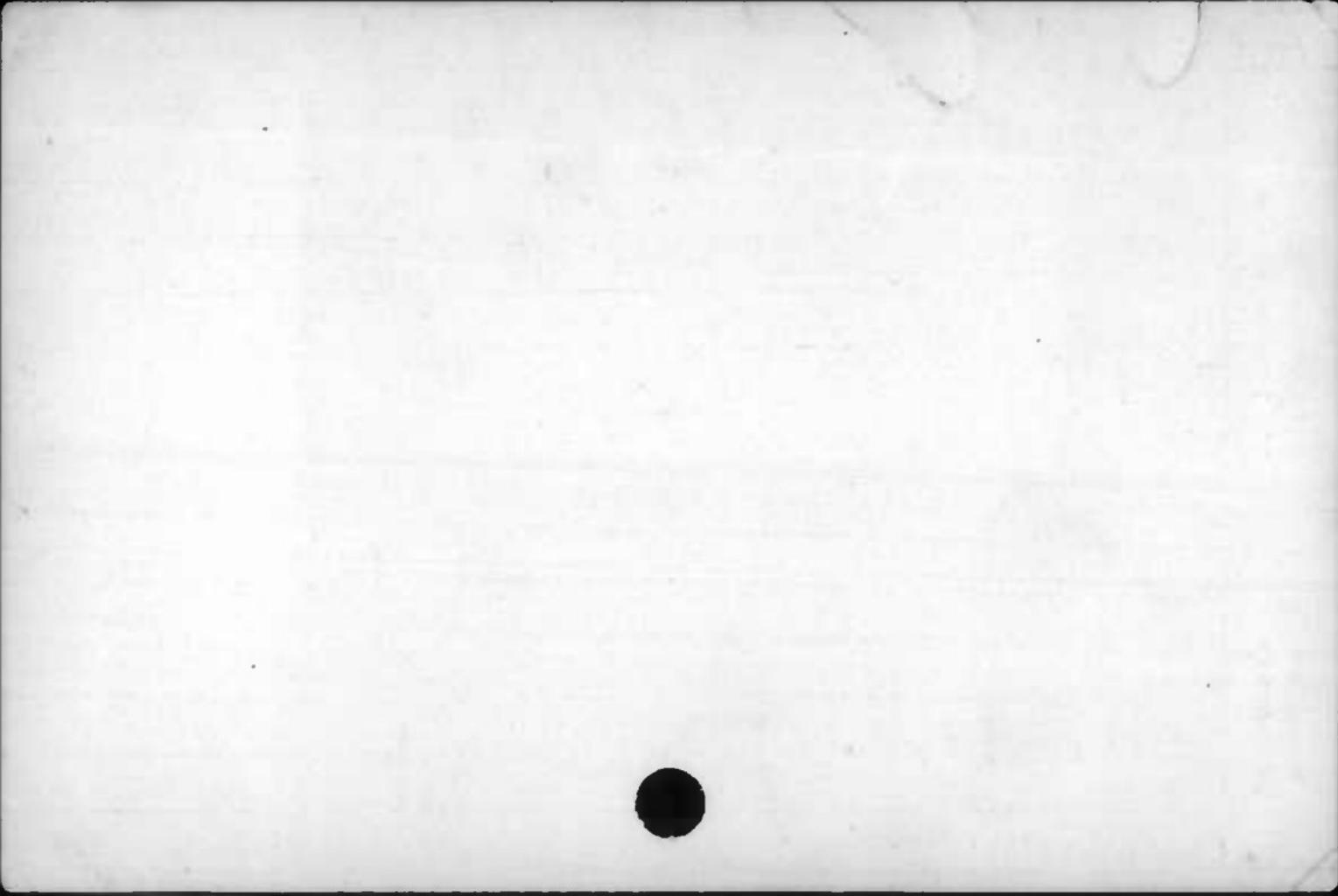
Dr. S. Owen M.D.

La Plata

Md

Accident or Suicide?

No



Name  
in  
Full

Francis Ann Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Month	Days	
1909	May	28 <sup>th</sup>	Age 56	-	-	
Sex	Female	Color or Race	colored	Birth-place	Charles Co	
Occupation	Housework & washwoman			Where Residing if not at place of death	-	
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel J. Young	Father's Birthplace	Charles Co	
Father's Name	Warren Hawkins			Mother's Birthplace	Charles Co	
Mother's Maiden Name	Charity Butlers			How related to deceased	Son-in-Law	
Name of person giving Information	W. A. Young.			How long	14 hours	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cerebral hemorrhage <sup>2<sup>nd</sup> attack</sup>

Immediate

Cardiac Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

n

64

How long

14 hours

How long

and

Thos. S. Owen M.D.

La Plata  
Md.

